

**The National Non-Arthroplasty Hip Surgery Register (NAHSR)**  
**And Femoro-Acetabular Impingement surgery**

**The Problem**

It has been suggested that contact between part of the femur and the rim of the socket at the hip joint (femoral-acetabular impingement or FAI) is a cause of internal damage to the hip joint and is important in the genesis of osteoarthritis of the hip. This has never been proven.

**The effect of surgery**

Some forms of impingement may be amenable to surgical treatment to eradicate pain and improve function and/or to prevent the onset and progression of osteoarthritis.

There is no doubt that if the procedure is undertaken in the presence of significant degenerative change at the hip then it will be of limited value and not prevent the need for hip replacement in the future.

In addition there are a group of patients whose symptoms will significantly deteriorate after this procedure.

**The evidence for FAI surgery**

There is only short-term, generally poor quality, data available for the efficacy of this procedure. There has been no significant improvement in the quality of data to define the place of this surgery since the NICE report on FAI surgery in 2007.

The indications for the procedure have never been defined nor the population group who may benefit from the intervention. Details of the surgical technique employed are likely to be important in defining the outcome but the optimal techniques are not known.

**What's happening now?**

The lack of evidence proving the efficacy for surgical intervention has not stopped surgeons carrying out FAI surgery in an attempt to help their patients. Significant time and resources have been allocated to the procedure. At present it is believed that 6-8,000 associated procedures are carried out in the United Kingdom. Worldwide there is predicted to be a compound annual growth rate of 30.3% between 2009 and 2014 (Procedural data source: Solucient).

FAI surgery has gained popularity driven by anecdotal reports of its efficacy, the reimbursement the procedure attracts, by patient demand and by Healthcare Companies actively promoting the procedure. Some Healthcare companies see FAI surgery as a major source of revenue for their companies in the future.

**What do we need?**

We need data to prove the long-term safety and efficacy of this type of surgery and define which patients are most likely to benefit. We need to establish the details of the surgical intervention important to bring the best results for these patients.

The creation of a National Non-Arthroplasty Hip Surgery Register (NAHSR) at some point linked to the National Joint Registry and HES data used alongside Patient Reported Outcome Measures (PROMS data) will define the place of this type of surgery.

### **Who benefits from the creation of the new Registry?**

If we can define the indication for this type of surgery everyone benefits:

**The Patients.** Patients will only undergo surgery if it is likely to reduce their pain, improve their function (ability to undertake activity and work) and/or prevent the progress of arthritis of the hip and ultimately a hip replacement. Patients who will not benefit are spared the risk of surgery and the potential for the procedure to exacerbate their symptoms and accelerate the progression of arthritis.

**The Purchasers of Healthcare.** Funding will be targeted on patients who will benefit from the procedure. Funds will not be used where the outcome clearly does not justify the resource.

**Surgeons.** Surgeons will be able to define which patients will benefit from surgery and what details of the operative procedure will define a good result. The surgeon will have validated outcome data available to them.

**The National Registries.** No other registry is collecting this data and establishing this project will give us the only FAI surgery outcome data in the world.

### **How far have we got in establishing the NAHSR?**

Two NICE reports on open and closed FAI surgery, awaited this summer, are likely to contain advice that surgeons carrying out this type of surgery should enter data onto a National Register.

The BHS has set up a Sub-committee to compile and administer this Register which we aim to launch in October 2011. The BHS has entered into a contract with Bluespier International, one of the world's leading developer of clinical information systems, to capture the data, present it to Individual surgeons and prepare Reports at individual and National level.

The system will be web-based, written using ASP.NET, run on a Microsoft SQL Server database and will be hosted with a secure data centre. The login screen will be accessible from the British Hip Society web site.

Key Reports will include the following:

- Outcomes by operation and/or diagnosis
- Further surgery based on selected procedure and/or diagnosis
- Outcome by Patient Reported Outcome Scores (PROMS data)

Bluespier is the data processor and the BHS is the data controller. Consent will be required from patients for their data to be entered on the NAHSR. The system is fully compliant with the Data Protection Act.

## **Summary**

Whilst there is no doubt that there is a place for this type of surgery, the indication for it has not been defined. It is imperative that we define the group of patients who will benefit from surgery. FAI surgery may have a place in the management of impingement if it can be shown to have an effect on the progression of osteoarthritis **or** predictably reduces the level of pain and improves function for a significant period of time.

Purchasers of health care are, quite understandably, concerned that in a large proportion of patients this procedure may be the first operation of a two-stage hip replacement. Some purchasers are refusing to fund any surgery at all. The procedure carries very significant cost implications for the purchasers of health care.

At its Annual General Meeting in March 2011 the British Hip Society (BHS) voted unanimously that the Profession should contribute to a National Register of this sort. The BHS has defined the dataset that should be collected and is launching a Non Arthroplasty Hip Surgery Register in October 2011. We are in a position to coordinate clinical trials and collaborate with regard to PROMS data collection and linkage within the NJR and with HES data.

The associated bodies in the UK will lead the world in defining the place for this surgery when this initiative is put into place.

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**Funding Sought from HQIP:**

Initial Licence Fee (£12000)

3 years Annual hosting, updates, support and maintenance of the registry (£9000)